

# ALUCA MEMBERSHIP

AUSTRALASIAN LIFE UNDERWRITING & CLAIMS ASSOCIATION INC.  
ABN: 22 198 546 848

ALUCA

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Australasian Life Underwriting & Claims Association Inc. (ABN: 22 198 546 848)

**Application for Membership/Tax Invoice**

Membership is on a calendar year basis from 1 January to 31 December. There is also a joining fee of A\$50 (plus GST for Australian Residents). This form may be regarded as a Tax Invoice when completed. Credit card payment is preferred. It is recommended that Overseas residents pay by credit card to avoid bank fees.

Please answer all questions fully and write clearly:

First name:		Surname:	
Title	Mr/Mrs/Ms/Dr/	Position Title	
Company:		Work Phone:	
Address:		Mobile Phone:	
Town/City:		Work email:	
Postcode:		Home email:	
Country		Areas of Interest:	Underwriting / Claims / Rehabilitation / All/ Other

Membership Type	Annual ALUCA Membership fees as at 1 Oct, 2019				
	Membership Fee	Joining fee	GST (for AU residents)	Total for AU residents	Total For Overseas Residents A\$
Member 15 months	\$155 + GST	\$50 + GST	\$20.50	\$225.50	\$205

\* If you have received a special invitation after attending an event and join as an ordinary member within 30 days after attending the event the joining fee will be waived

NB Please note there are higher levels of accredited membership which can be viewed on ALUCA's website.

**Declaration by applicant:**

I confirm that I have an active interest in life underwriting and/or claims and wish to become a member of the Australian Life Underwriters & Claims Association Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force and by the ALUCA Code of Conduct.

Signature of Applicant \_\_\_\_\_ Date: / /

**PROPOSER AND SECONDER**

Proposer	Seconder
Name:	Name:
Company:	Company:
Email:	Email:

**Declaration:** I am a financial member of ALUCA, and propose/second the nomination of the applicant for membership of the Association. I believe the applicant to be suitable for membership of ALUCA.

Signature:	Signature:
Date:	Date:





## Payment Method

**Credit Card: CREDIT CARD PAYMENT IS PREFERRED**

**Bank Deposit:** NAB Bank BSB: 083 004 Account No: 51 8734834

**Account Name:** ALUCA.

It is recommended that Overseas residents pay by credit card to avoid bank fees.

Card Number		Expiry date	
Type of card	( ) Amex ( ) Visa ( ) Mastercard	CCV (3 digit) Amex is 4 digit	
Name on card		Amount	\$
Signature		Date	
Email for receipt		Tel number:	

## Important Conditions

Please note that the submission of this application indicates that the applicant accepts the requirement for the fees relevant to the membership category, the applicant's name may be published with a list of members of the appropriate membership category.

## APPLICANT'S DECLARATION

By signing this ALUCA membership form for an ALUCA membership you are declaring that all the information in your application is correct and you have read and understood the terms and conditions of ALUCA's membership which will cease to exist should you cease to become an ALUCA member or not pay your annual membership fees. You agree to be bound by these terms and conditions. Anyone having given false information in order to obtain membership with ALUCA is liable for immediate expulsion. In the event of your admission as a member, you agree to be bound by the rules of the Association and by the ALUCA Code of Conduct

APPLICANT'S SIGNATURE:

DATE:

Our privacy policy complies with Privacy Act 1988 and is available on our website at [www.aluca.com](http://www.aluca.com)

## NEXT STEPS

Please COMPLETE AND SUBMIT this application form, with supporting documentation via email to E: [secretariatofficer@aluca.com](mailto:secretariatofficer@aluca.com)

